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INSTRUCTIONS This for appropriate All forther corrected by maintenance fee notifications	m should be used for trespondence including the elow or directed otherwiss.	ansmitting the ISSE Patent, advance of se in Block I, by (UE FEE and PUBLIC rders and notification a) specifying a new of	ATION FEE of maintenance orrespondence	(if required) e fees will t address; and	Blocks I the be mailed to the Vor (b) indicate	rough 5 sho he current c ing a separa	ould be completed when orrespondence address a tie "FEE ADDRESS" for	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	AT	TORNEY DOC	KET NO.	CONFIRMATION NO.	
10/750,978 TITLE OF INVENTION: RE	12/31/2003 EAL TIME SELF-ADJUS	TING CALIBRAT	John J. Shin ION ALGORITHM			047711-033	35	5462	
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TPLEASE NOTE: Unless an assignee is identified below, no assignee recently in the form in the			(1) the names of or agents OR, alte (2) the name of a registered attorned 2 registered paten listed, no name with the PATENT (print	a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents. If no name is will be printed.					
(A) NAME OF ASSIGNE MEDTRONIC N	E MINIMED, INC		(B) RESIDENCE: (C Northric	ory and STAT lge, Cal	meorcour liforn	NTRY) ia			
4a. The following fee(s) are s Issue Fee (previou Publication Fee (No sr Advance Order - # of	submitted: asly paid on 2/5/1 nall entity discount permi	41	b. Payment of Fee(s): A check is enclo Payment by cred	(Please first reset) ed. it card, Form P	apply any p	reviously paid	Issue fee st	p entity Governmen nown above) ciency, or credit any extra copy of this form).	
5. Change in Entity Status (a. Applicant claims SM	AALL ENTITÝ status. Se	e 37 CFR 1.27	□ b. Applicant is n	longer claimir	g SMALL E	NTITY status.	. See 37 CFF	R 1.27(g)(2).	
NOTE: The Issue Fee and Puinterest as shown by the reco	iblication Fee (if required rds of the United States P	will not be accepte atent and Tradomari	d from anyone other to Office.	nan the applicar	nt; a registere	d attorney or a	igent; or the	assignee or other party i	
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This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-1 Under the Paperwork Reduct	n is required by 37 CFR I by is governed by 35 U.S. plication form to the USI for reducing this burden, nia 22313-1450. DO NO 1450.	.311. The information of the control		or retain a bens sestimated to (individual case, officer, U.S. Pat S TO THIS AL	efit by the prake 12 minu Any comment and Trad DDRESS, SE	ublic which is tes to complete ents on the and lemark Office, ND TO: Comm	to file (and be, including to the count of time U.S. Departmissioner fo		

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